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APPLICATION NO.	CATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/520,529	10/520,529 01/07/2005		Annalisa Delnevo		07552.0051		9248
TITLE OF INVENTION:	INFUSION DEVICE F	FOR MEDICAL USE					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE .	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOT	AL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	11/16/2007
EXAMIN	NER	ART UNIT	CLASS-SUBCLASS				
DEAK, LESLIE R		3761	604-416000				,
PLEASE NOTE: Unless recordation as set forth  (A) NAME OF ASSIGNATION  GAMBRO LUNDIA  Please check the appropria  4a. The following fee(s) ar  Signature Signature Signature  Advance Order - #6  5. Change in Entity Stature  a. Applicant claims  NOTE: The Issue Fee and interest as shown by the re-	ndence address (or Cha 122) attached. ation (or "Fee Address or more recent) attach  D RESIDENCE DATA ss an assignee is ident in 37 CFR 3.11. Comp  NEE  AB te assignee category or te submitted: small entity discount p of Copies  Is (from status indicated SMALL ENTITY statu  Publication Fee (if req	"Indication form led. Use of a Customer  A TO BE PRINTED ON iffed below, no assignce oletion of this form is NO categories (will not be propertied)  d above)  as See 37 CFR 1.27.	(B) RESIDENCE: (CITY LUND, SWEDEN rinted on the patent):  b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo  b. Applicant is no long of from anyone other than the	3 registered patent vely, e firm (having as a agent) and the name meys or agents. If n printed.  be) atent. If an assigne assignment. and STATE OR CO.  Individual Co.  ce first reapply and authorized to charge sit Account Number ger claiming SMAL	member a so of up to to to name is the is identified ountry)  reportation or comparation or comp	2 FARABOV 3 & DUNNI d below, the do other private gro paid issue fee s d fee(s), any def 6— (enclose ar	nup entity Government  hown above)  Teiciency, or credit any extra copy of this form).  R 1.27(g)(2).
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